



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ASCENDANT ANESTHESIA
25 HIGHLAND PARK VILLAGE SUITE 100-775
DALLAS TX 75205

Respondent Name

GRANITE STATE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-2110-01

MFDR Date Received

FEBRUARY 25, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier responded to our reconsideration and the denial reason stated, 'payment adjusted because the payer deems the information submitted does not support this level of service.' We included with our original claim a copy of the anesthesia record. It is clearly documented on the anesthesia record '60 ml of blood drawn.' This is documentation for the procedure performed. We are unclear as to what additional information the carrier requires."

Amount in Dispute: \$110.27

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier is maintaining their position that Dr. Autumn Stoos, DO is not entitled to additional money (\$110.27) for the 10/18/2010 date of service. The bill has been audited twice and the denial codes are appropriate because Dr. Stoos, the anesthesiologist is monitoring the patient, not treating [Claimant]."

Response submitted by: Chartis Claim Services

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 18, 2010	CPT Code 99195-59	\$110.27	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, 33 TexReg 626, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits
 - 150-Payment adjusted because the payer deems the information submitted does not support this level of service.
 - Z710-The charge for this procedure exceeds the fee schedule allowance.
 - VA13-This procedure is included in another procedure performed on this date.
 - VF01-Documentation does not support level of service billed.
 - X394-Our position remains the same if you disagree with our decision please contact the TWCC Medical Dispute Resolution.

Issues

1. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

According to the explanation of benefits, the respondent denied reimbursement for CPT code 99195-59 based upon reason codes "150, and VF01."

The requestor states in the position summary that "It is clearly documented on the anesthesia record '60 ml of blood drawn.' This is documentation for the procedure performed."

The requestor also noted on the request for reconsideration that "This procedure code was billed with modifier 59-thus indicating that it is a separate procedure and does warrant being billed separately. PRP stands for platelet rich plasma. For certain orthopedic procedure, the provider draws about 60ml of blood and gives it to technician who centrifuge it."

A review of the Anesthesia Record report indicates "60ml blood draw PSR."

The 2010 National Correct Coding Initiative Policy Manual states that "Blood sample procurement through existing lines or requiring venipuncture or arterial puncture" are included in the anesthesia service. The requestor does not document in the anesthesia record the purpose of the blood draw or that it was for a separate procedure.

Furthermore, the 2010 Trailblazer Anesthesia Manual states "Anesthesia time begins when the anesthesiologist starts to prepare the patient for the procedure. Normally, this service takes place in the operating room, but in some cases, preparation may begin in another location (i.e., holding area). Anesthesia time is a continuous time period from the start of anesthesia to the end of an anesthesia service. In counting anesthesia time, the anesthesia practitioner can add blocks of time around an interruption in anesthesia time as long as the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption."

A review of the Anesthesia record indicates that the anesthesia started at 0853 and ended at 1033, for a total of 100 minutes. The Division finds that on the bill the requestor billed 100 minutes. The documentation does not support an interruption in anesthesia time for CPT code 99195; therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	6/20/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.